

Division of Corporations

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N97000003941

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
FLORIDA HEALTH SCIENCES CENTER, INC.

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$35.00).

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: FLORIDA HEALTH SCIENCES CENTER, INC.
- 2. The principal office address: TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE, TAMPA, FL 33606
- 3. The mailing address (if different): PO BOX 1289
ATTN: CONTROLLER, TAMPA, FL 33601
- 4. Date of incorporation/qualification: 07/09/1997 Document number: N97000003941
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DIXON, JONATHAN, III, ESQ
ONE DAVIS BLVD., SUITE 401
TAMPA, FL 33606

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CF REGISTERED AGENT, INC.
100 S. ASHLEY DRIVE, SUITE 400
P.O. Box NOT acceptable
TAMPA, FL 33602

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Judith M. Proszek
Signature of an officer or director

JUDITH M. PROSZEK, EVP & CEO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Joyce F. Bentubo
Signature of Registered Agent

10-19-18
Date

If signing on behalf of an entity:

Joyce F. Bentubo
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (03/12)

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